How can action learning contribute to social capital?

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This paper explores the contribution that action learning can make to the formation of social capital via experiences of action learning projects in NHS Pathology Services in the UK. The paper describes the development of action learning practice in recent years, reviews the notion of social capital and considers how action learning might contribute to its formation. A case study of action learning in the development of a locally unified pathology service is used to illustrate the processes by which actions and learnings may be transferred and extended from sets to contribute to organisational learning in wider systems and networks.

Keywords: action learning; social capital; NHS pathology services; organisational learning; networks

Introduction

For Revans (1998, 15), action learning has a ‘multiplying effect’ and should proceed ‘from set to learning community’ (81). Using a distinction applied by Day (2001) to leadership development, can the practice of action learning help to form not only human capital but also social capital? Does action learning contribute to the formation of a relational and collective resource, as in, for example, the quality of management or leadership in a system or are its outcomes limited to individual learning? This is a different question as to whether action learning can help to bring about desired organizational changes and learning. This paper is concerned not with specific activities or changes but with the formation of a less committed potential.

These questions are explored via our experiences of action learning activities in NHS Pathology Services. In recent years the Pathology Modernisation Team of the UK’s Department of Health (DoH) has sponsored a series of action learning projects as part of their overall efforts to encourage ‘modernisation’ in Pathology services. Over this time the pressures for change have grown: the NHS Plan of 2000 provided for a decade of regular funding increases, now at an end; the Carter Report of 2009 stopped short of prescribing the rationalisation of the UK’s 170+ Pathology laboratories, but made it clear that savings and quality improvements are both possible and necessary. The DoH has set a savings target of £500m for UK Pathology Services, equivalent to a 20% reduction, a magnitude that cannot be achieved by standard cost improvement programmes. These savings are to be made without any loss of quality, indeed quality is also expected to improve.

The paper proceeds in five sections:

- a note on the development of action learning in practice,
- a review of the notion of social capital,
- a consideration of how action learning might contribute to social capital formation,

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What has become of action learning?

To attack the intractable problems that are the source of both individual and organizational learning, Revans (1998, 10) saw the need to reach beyond the small sets, which are ‘the cutting edge of every action learning programme’, to form a wider learning entity. Yet, much current action learning practice in the UK focuses on set members’ ‘own job’ problems or with their personal or career development (Pedler, Burgoyne and Brook 2005). An over-focus on individual development may distract attention away from the intractable problems of Revans’ more radical intent. Few sets now seem to connect explicitly with a wider context as in the sponsored organizational problems of Revans’ (1971, 1998) own designs. ‘Wicked’ problems demand even greater efforts at leadership and the mobilisation of collective energies (Grint 2005, 2008), but they may no longer be the focus for many action learning programmes.

The predominance of an individualistic, own-job focus may be consequent on a number of developments. It may reflect reactions to the ‘intensification of work’ (Green and McIntosh 2001); to organizational contexts characterised by targets, performance management and the dominance of the ‘day-job’ (Edmonstone 2010, 93); or to the stresses and insecurities caused by disruptions in the organizational environment (Pedler and Abbott 2008). Finding themselves in such circumstances, managers and professionals may lack the appetite for yet more organizational challenges and focus instead on self, survival and personal development. The action learning set can make for a good retreat or oasis in which to consider career options, develop interpersonal skills and perhaps make sense of the ‘Mad Management Virus’ that seems to have infected the organization (Atwood et al. 2003; Edmonstone 2010).

At the same time, action learning is increasingly popular in work organizations. One estimate proposes that 73% of US corporations now use it in their leadership development programmes (Marquardt 2010). Evidence from the UK also suggests the increasing use of ‘context specific’ learning approaches such as action learning (Mabey and Thomson 2000; Horne and Steadman Jones 2001). However, action learning is not one practice but many, mainly because Revans refusal of any tight definition, suggesting various defining characteristics (Willis 2004), but only confirming ‘What action learning is not’ (Revans 1998, 87–104). Consequently, and because action learning is easily adapted to local agendas, there are many practices that differ from one another in important respects (Marsick and O’Neil 1999), for example some versions are more akin to task forces than to learning processes (Dixon 1997).

These aspects of action learning have also attracted the attention of those seeking a more critical edge in management education (Mclaughlin and Thorpe 1993; Willmott 1994, 1997; Reynolds 1999; Rigg and Trehan 2004). The protean nature of action learning puts it in danger of being ‘selectively adopted to maintain the status quo’ (Willmott 1994, 127) and can ‘individualise and psychologise the diagnosis of problems in a way that disregards their embeddedness in the structural media of power relations’ (Willmott 1997, 173). Critical action learning involves a social and organizational critique, as Reynolds and Vince (2004, 453) put it: ‘Do ideas brought into action-based discussions help to question existing practices, structures and associated power relations within the organization?’ This thesis is important because, as Vince (2008, 93–104) suggests, action learning sets can produce ‘inaction’ rather than action. Inaction results from members’ anxieties, avoidance of conflicts and lives of relentless activity, these in turn produce a paradox where: ‘managers lack the desire to make changes, despite their desire for change’ (101).
The notion of social capital

Some of the difficulties stemming from the individualisation of problems in action learning might be overcome by a practice that contributes to ‘the efficiency of society by facilitating co-ordinated actions’ (Putnam 1993, 167). Social capital refers to those qualities of social organization such as trust, norms, networks and relationships that facilitate action.

Social capital is created through exchange and reciprocity. For Coleman (1990, 321) it is formed when people help each other: ‘The more extensively persons call on one another for aid, the greater will be the quality of social capital generated’. Network theorists explore social capital development via ‘structural holes’, where the absence of ties in a network suggests an opportunity to increase social capital through bridging from one group to another (Kilduff and Tsai 2003, 26–30). Nahapiet and Ghoshal (1998, 35–39) suggest that social capital has three dimensions: structural (network ties, organization), cognitive (shared language, stories and narratives, mindsets) and relational (trust, norms, culture).

Although social capital is not a new idea, and is long associated with notions of democracy and social cohesion, there is a recent ‘explosion of interest’ because of its supposed contribution to economic growth, health and government effectiveness (Halpern 2005). Morgan and Swann (2004, 4), for example, note a growth in published articles from less than 100 in 1994 to over 600 in 2003. Recent attention comes from researchers in political science, social theory, health and organizational learning, interested in the relationship between trust, social networks and organizations in society. In discussions of innovation and learning, for example, social capital is usefully employed to describe a necessary connectedness not achieved by formal organization, but found instead in ‘the interstices between firms, universities, research laboratories, suppliers and customers’ (Powell, Koput and Smith-Doerr 1996, 118). Coleman and his colleagues found that innovativeness, as demonstrated by doctors’ adoption rates of the drug Tetracycline, was associated with seven measures of interconnectedness (cited in Rogers 2003, 299–303).

Much use of social capital ideas, sometimes in connection with action learning, is also made by academics concerned with entrepreneurship, learning and business growth in small and medium-sized enterprises (SMEs) (Taylor, Jones and Boles 2004; Jones, Macpherson, Thorpe and Ghecham 2007; Macpherson and Holt 2007; Thorpe et al. 2008). Small and medium-sized enterprises ‘owner-managers who pay attention to building relationships both inside and outside the firm are rewarded with higher levels of performance’ (Jones et al. 2007, 288). A case involving 14 entrepreneurs from socially disadvantaged backgrounds found action learning to be an effective way of building their entrepreneurial skills through being able to take ownership of their own learning and build the ‘networks which become the basis of their social capital’ (Taylor Jones and Boles 2004, 234).

Although clearly an attractive idea for researchers and policy makers alike, the idea of social capital is problematic in various ways. Three of these are: the metaphor itself, the uses to which it may be put and questions of definition.

The metaphor of capital is an economic concept and seems misapplied to matters of human relationship, all too easily employed, for example, to distance firms from their ‘human assets’. Sampson (2004, 161) argues that the metaphor is diminishing because the notion of ‘an accumulation or stock of social resources’ lessens the significance of human agency in how things get done. Finally, it is also misleading because, unlike financial capital, social capital is not depleted by use but actually by non-use – the more it is used, the more it is generated.

On the problem of usage, social capital is often cited positively and uncritically. Although it may in principle be a ‘neutral’ resource (Coleman 1990), there are numerous examples of social capital being used for negative outcomes such as the producing or reproducing of inequality, where social connections are used to secure advantage for some at the expense of others. In a
major review of social capital, Portes (1998) identifies various negative aspects of social control and restrictions on individual freedom, including ‘enforced trust’ and excessive claims on group members. Social capital is generated collectively but often used individually or by cliques and thus can be used for personal gain or to enforce certain behaviors, as in the systematic exclusion of women (Arneil 2006) or for crime by Mafia networks (Glenny 2008). Many of the reported negative uses of social capital are concerned with the effects of ‘bonding’ in relatively isolated groups and less with the reach or ‘bridging’ aspects, although these too can clearly be used for negative as well as positive purposes.

Thirdly, and rather like action learning, social capital is a baggy term with multiple interpretations and uses. For the SME researchers above, social capital is an extension of human capital, that is, it consists of the networks and connections that individuals can access as a result of their education, experience, attitudes and the ‘discursive resources’ that enable them ‘to convert the challenges and uncertainties of business life into tractable problems’ (Thorpe et al. 2008, 30). By contrast, Putnam (2000) proposes social capital as more than just a sum of individual activities and as a collective value, capacity or context. Similarly Sampson (2004, 160), discussing the quality of social capital in city neighbourhoods, uses the term ‘social efficacy’ to denote the ‘working trust and shared willingness of residents to intervene in social control’. In their study of organizational change in the NHS, Pettigrew, Ferlie and McKee (1992, 267–99) propose a model of receptive and non-receptive contexts which affect the likely success of any initiative. Receptivity is determined by several factors including the quality and coherence of policy, the history of relationships, cooperative inter-organizational networks and the strategic fit between local and wider agendas. In this second more collective sense of social capital, whilst current actors and their relationships play a crucial part, other factors, historical, structural and cultural, also contribute to the mix.

Despite these and other problems, social capital, and the associated notion of human capital, are widely employed by researchers and have become important as discursive resources in diverse fields.

Social capital and action learning

Revans (1982, 715) makes it clear that his version of action learning involves tackling difficult problems in organizational settings. To ensure the implementation of action on such problems, he prescribes the creation of a ‘structure d’acceuil’ or welcome via sponsors, allies, client groups and ‘supporting assemblies’ (Revans 1998, 26–42). Although Revans (1971, 148) did not use the term action learning at this time, referring instead to ‘management education through action research’, he makes it clear that this should create a wider engagement and impact: ‘In the first strategic Belgian exchanges... it was estimated that the 21 bartered participants, the substantive set members, strongly influenced over 200 senior managers in the enterprises that participated’ (Revans 1998, 80–1).

Action research commonly entails collaborative relationships between researchers, clients and communities (Reason and Bradbury 2008, 3–8), but 40 years ago Revans’ approach was seen as a ‘non-directive’ variety of action research, where managers collected their own data and developed their own models, avoided expert advice and had a minimum of theory inputs (Clark 1972, 43). Clark sees this unusual approach as ‘apparently disjointed and unintegrated’ but perhaps ‘well-judged... for ‘tackling on a large scale the problems of morale in institutions like hospitals, which are characterised by a professional and tri-partite authority system’ (114).

Hospitals and healthcare organizations have often provided the context for action learning. A recent study proposes a correspondence between the development of action learning over more than 40 years and the types of problems addressed in NHS settings (Brook 2010, 181–92). These
contexts are characterised by a combination of factors including the complexity of the work, the multi-professional nature of knowledge and authority, local and national political sensitivities, continuous pressures for change and cultures of anxiety. In Revans’ (1978, 35) action learning these become the source of what he saw as the most significant learning: that concerning the ‘micro-politics’ of organising.

The question of how action learning might contribute to social capital becomes significant because it is clear that the actions and learning of small sets of people, whilst essential, are alone insufficient for bringing about organizational change and learning in complex systems such as hospitals. Whilst the local desire to make improvements in healthcare systems is often high, a lack of wider connectedness can restrict this to pockets, as in the ‘Patches of Excellence’ phenomenon (Improvement Partnership for Hospitals 2003). Whilst any change in a system may seem welcome, an isolated move may make things worse. The patient travelling from GP to hospital and back can encounter much excellent care, but poor treatment in just one part may ruin the whole journey.

The prime question posed in this paper of how action learning can contribute to this wider connectedness, spawns many others: What do set members learn that has an impact on wider relationships? How do they pursue actions outside the set? Do they consciously work through groups and alliances in order to build support for proposed actions? Do they exert a wider influence in the pursuit of their projects, as with Revans’ Belgian managers?

On a different but related tack is the question of the value of the relationships developed in the set. For example, are relationships of open inquiry, questioning, listening, reflecting and mutual support transferable to other settings? Do individuals use their learning from the action learning set in other places such as team meetings or project groups? Do fellow members treat each other differently when they meet in other settings?

The case below throws light on some of these questions and illustrates some of the processes by which action learning can help with the formation of social capital.

**Case study: action learning in UK pathology services**

For the last five years we have been working with the Department of Health to deploy action learning in the support of the ‘modernisation’ of NHS Pathology Services (DoH 2007, 2008). Phase 1 (September 2005 to July 2006) comprised six action learning sets, chosen on the basis of a national call for bids and focusing on particular aspects of service modernisation in a locality, e.g., transport, standardisation of test reference intervals or Point of Care Testing. Phase 2 (October 2006 to March 2008) built on this experience using Area-based Facilitators (ABFs) to initiate and facilitate an eventual 31 sets in six regions. This different approach both sanctioned and revealed many variations in action learning practice. The ABFs varied in their experience of action learning and in their approach to it. Their territories also showed considerable variation, as did the outcomes in terms of sets established and functioning. Given a notional target of five sets to initiate and run, one ABF initiated 10, whilst another managed none at all.

Yet, what counts as an action learning set? For how long does it have to meet? And what outcomes are to be expected? In September 2009, 18 months after the close of the formal programme, we commissioned an exploratory evaluation (Aspinwall 2009) to see what had happened to the Phase 2 sets. Usable data was obtained via telephone interviews from 16 of the original 31 sets. Some sets could not be found at all, because facilitators had lost touch or because lead members had moved or because sets had stopped meeting and were quickly lost to sight. Perhaps more forensic work would have revealed further traces, but we were surprised at how quickly the data and knowledge of such initiatives can be lost. Perhaps this demonstrates some difficulties in sustaining development processes in the initiative-rich environment of the
NHS, but perhaps it also reflects the quality and care taken in initiating or setting up action learning, to which we return in the discussion.

Life after Phase 2

The programme formally ended in March 2008, after which point sets were no longer supported by project funds. For the 16 sets contacted, four types of lifeline can be discerned beyond March 2008:

1. Finished: Task completed. Two sets stopped meeting when their tasks were completed soon after March 2008.
2. Continuing: Unfinished work. Six sets are still continuing to meet in September 2009 because they have found it productive to work together and there was still work to do.
3. Integrated: Part of wider systems. Four sets were initiated as, or have since become, integral to their local Pathology network, others have become part of cancer networks or more informally connected to wider systems by being commissioned to do specific tasks or being seen as sources of advice or effectiveness.
4. Alive?: In abeyance. Four sets are in abeyance awaiting decisions or further funding.

Beyond the specific outcomes from actions taken by set members is the question of what develops in the longer-term? What lives on as a result of these action learning relationships, from their new ways of working together and from their contacts and connections with wider systems? It is usually hard enough to get an adequate view of what any given action learning set has achieved in specific terms, given their co-existence with many other influences and variables, so that any claims for longer-term social capital gains are likely to be even more elusive and speculative.

In the Three Trusts case below, this longer-term impact is shown via the influence of relationships, first developed in the life of the set, but continuing to have an effect on events well after it ceased to meet in March 2008 (from Category 1 above):

The three Trusts: a district-wide review of pathology services

A set was formed from pathologists in three Trusts in order to coordinate responses to a district-wide review of acute services. The facilitator who convened the set did not use the term action learning because, in his view ‘pathologists are averse to anything they see as management claptrap’. He presented the set as an opportunity to meet together so that each person could have the time to discuss the issues and difficulties they were encountering in trying to meet the requirements to amalgamate the services.

At each meeting individuals had to identify a specific piece of action to undertake and to report back on what happened at the next meeting. This was not an easy process to establish and there was a good deal of resistance. The three Trusts had a history of being competitive in their relationships with each other and even getting people to agree to meet together in the same room was difficult. Clinicians were the most suspicious of the process and sometimes carried their anxieties back to other clinicians in their Trusts.

A crucial move was inviting some GPs to the meetings. Listening to their experiences of dealing with three different processes for given tests provided a useful impetus to bring these in line with each other. The action learning process was also helped by the essentially scientific approach of the pathologists who were very task- and process-driven and committed to good standards. The facilitator found it was important to let people move at their own pace and find their own solutions.
The set stopped meeting when it completed its task. Subsequently a single networked pathology service has now been established based in two Trusts and on three sites. A unified process has been established, with results being communicated electronically to consistent standards. Considerable savings are being claimed through combining the services and negotiating single contracts. Substantial investment in new automated equipment has been helpful in bringing staff on board. Even those consultants who initially seemed intransigent are now working in quite different ways, with some moving to the central site and others rotating between sites.

It seems reasonable to conclude that the relationships initially established within and by the action learning set must have contributed to the realisation of the new single networked pathology service. The formation or strengthening of several sets of relationships, including those between the set members themselves, between the set members and their colleagues back in the three Trusts and between the set members and the invited GP’s, illustrate the network organising principle of ‘widening circles of inclusivity’ (Attwood et al. 2003, 135–6). The work of this set may also have fostered other relationships not detected in this study, such as professional connections in other regions or at national level.

However, when interviewed in October 2009, the new Pathology Network manager, though aware of the history of Trust rivalry, was unaware of the work of the set. This surprised us initially, but then we noted that this manager was not appointed until a year after the set had finished, that the facilitator had not used the term action learning and that the set’s work might well have become subsumed in the ‘District-wide Review’. Whatever is the case, the activities of this set, the relationships they formed and their impact on wider networks had become invisible, at least to this manager.

Discussion: social capital formation via action learning

Some pointers about the processes of social capital development via action learning can be gleaned from this study. The points below, although distinguished for this exposition, overlap and are interconnected. They begin in individual learning, move to new ways of working as a set and on to networking and connectedness in wider systems.

Individual learning

New human capital is one potential source of social capital. Those who work in multi-professional and knowledge-intensive worlds such as Pathology are often highly specialised, with deep but narrow domains of knowledge and skill. Respondents from the sets spoke of being on steep learning curves about the Pathology services themselves, about unfamiliar aspects, about the ‘pivotal importance of pathology services to patients’ and also about service development, change management or how best to get things implemented in this context.

New relationships and ways of organising

Acquiring new knowledge or insights into the Pathology service was also often connected with learning about new ways of working together. The peer relationship of the action learning set seems to have been novel for many participants, contrasting with their experiences of working in the NHS. One set member felt that their set had become ‘family – people you can trust and work with’. Another said: ‘We have all learned a lot about working together. We have become a library of experience and knowledge; there is no competition between us’.
The most commonly reported skills-learning concerned leadership and facilitation, including the capacity of ‘letting go and letting others do what is needed’. Some sets were largely self-facilitating and here members surprised themselves by discovering that they were better at this than they had expected. A set member put the continuing life of their set down to the enjoyment of ‘intelligent cooperation’:

We have enjoyed the intelligent co-operative way of working which the [ALS] technique allows. The process has allowed everyone to air their views without feeling intimidated and has been much more democratic than more formal meetings.

Sometimes new knowledge or skill led to an ambition to organise differently – a facilitator commented of her set:

They gained enormously in confidence. Many came saying, ‘I’m here because my manager sent me’ . . . [but] . . . from the initial discovery that it was possible to create a coherent and successful argument against the decision not to replace a phlebotomy manager to the development of standardised training and job descriptions the set members have come to believe that they can change things for the better.

Action learning from attempts to change services usually involves an element of ‘tempering’ (Myerson 2003; Attwood 2007). One set spent considerable time on a business case for a new immunology service only to find they were ‘pitching to the wrong audience’. They felt they had been politically naive and should have worked out better to whom they should have been talking. In another case, an SHA network coordinator with an overview of several sets felt that some were not aware enough of the dynamics of the service and had therefore not engaged with the relevant ‘internal power players’.

**Networking**

Learning from such tempering experiences can be profound and, in the examples above, relates to learning about organising and getting things done at work. Understanding the importance, and practising the skills, of networking was of particular significance for pathologists, who usually work alone or in small teams. Several respondents made explicit connections between action learning and networking, both interior to the set: ‘The set has also become a network; they ring each other between meetings’; and also externally: ‘The set has now become a subgroup of the cancer network and meets every 3–4 months in the Trust. They catch up on and monitor projects, share information and plan new projects. Before the action learning project they had no contact with each other but have now become a mini-network and are also in regular e-mail contact’.

This last statement shows how the interior network of the set can be mutually constitutive with wider network structures. Of the 16 sets studied, four had continued to meet as action learning sets and become integrated into wider systems such as Pathology or cancer networks. This seems to have been a mix of the inner desire to continue working together and an outer recognition that the set was a useful resource, as a sub-group or task force or as a fund of information or advice. In terms of Nahapiet and Ghoshal’s (1998) model, the relational and structural dimensions of social capital are apparent here, alongside the more cognitive aspects.

A Pathology Network manager saw that action learning sets could serve to encourage links and cross fertilisation in the region and beyond. In supporting the ABF in his region, he consciously influenced the focus and membership of sets, because, as he said: ‘Action learning sets lead to network development and are networks in themselves. It is important that they feedback and share their insight, learning and actions across the region, to the Network Board and nationally through reports’. In this region, action learning was part of a conscious network strategy aimed
at improving Pathology services through better connectivity and collaboration – or increased social capital – which in the NHS necessarily also involves national links and forums.

**Bridging structural holes**

Social capital comes about when relationships are formed amongst people who would not have otherwise met, via the bridging of ‘structural holes’ in networks and organizations (Burt 2000; Kilduff and Tsai 2003, 28). In several cases in this study, the forming of action learning sets enabled contact and communications across diverse professions, specialities and organizations, a prime example being the Three Trusts case above. In another, a set that had closed after only three meetings because of a reorganization reported that the experience had improved relationships between different parts of the health economy and had increased understanding of other organizational perspectives. In a further case, a facilitator felt that the sets got people talking across areas that were otherwise hard to bridge and that the relationships formed had helped with the merger of two Trusts by smoothing and making easier what would have otherwise have been much more difficult.

**Integrating action learning in the wider context**

Accounts of action learning may often neglect or underemphasise the setting up or initiation processes. In the Phase 2 project, the ABFs differed considerably in their approaches to initiating action learning. One established 10 sets very rapidly, within the first two or three months, another was firm in his view that it was worth taking time to encourage individuals to be part of a set and to get the NHS Trusts concerned to support the process. This second ABF had much greater experience in action learning and also enjoyed strong support from the Pathology Network manager, as part of his network strategy to increase collaboration between Pathology laboratories. Accordingly, this ABF visited all the Service Managers to enlist their involvement, to ask them for their ‘hot tasks, and to stress that this work was part of a National project (a status consideration). Like the other ABFs, he began work in October 2006 but his first set did not start until the following May, which created some anxieties and considerable discussion in the facilitators’ set at the time. However, more than two years later we were able to trace the lifelines of all his sets, three of which were still meeting. In contrast, we were only able to track one of the first ABF’s 10 sets.

This tends to support both the significance of the existing social capital in NHS contexts and Revans’ own insistence on the primary focus on the initiation of action learning (rather than on set facilitation). Revans (1998, 12) proposed the need for ‘...some supernumary...a combiner, brought into to speed the integration of the set’ to engage ‘Sponsors...Client Groups...and Participants...’ (26–8), but is noticeably more cautious about the facilitator role in set meetings because of the danger of this person’s ‘...constant need to exert some form of control, manifest as advice...'. His power to do this may then unconsciously incline the participants to look to him for approval in much of what they do’ (Revans 1982, 767).

The significance of these initiating processes, and of the influences of context, for the likely success of any action learning, runs counter to the current trend towards the professionalising of the set facilitator role. The increased organizational use of action learning methodologies has promoted a new profession of the trained facilitator, set adviser, learning adviser or ‘learning coach’ (McGill and Beaty 1992; Marquardt 1999, 2004; O’Neil and Marsick 2007). Much of this training is likely to emphasise the in-set role at the expense of the more time-consuming, and less well-rewarded, initiation work, which, as this study shows, is more likely to prolong the life of sets and to increase their contribution to social capital.
Table 1. Processes of social capital formation and possible indicators.

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<th>Processes of social capital formation</th>
<th>Possible indicators</th>
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| 1. Individual learning               | Individuals learning about:  
|                                      | • new aspects of the service or organisation  
|                                      | • their own perspectives, and seeing things differently  
|                                      | • other colleagues work and perspectives  
|                                      | • influencing events in their own situations, e.g., running team meetings on action learning lines |
| 2. New relationships and ways of organising | Where people:  
|                                      | • learn to work as peers, sharing leadership, facilitation etc.  
|                                      | • become ‘tempered radicals’ through their experience of trying to change things  
|                                      | • where set members continue to meet informally outside the formal program |
| 3. Networking                        | Where people and sets:  
|                                      | • draw on the relationships developed in the set in other settings, e.g., where fellow members feel a connectedness not previously experienced when they encounter each other elsewhere  
|                                      | • organise differently together outside the set as in recruiting each other to projects or new shared enterprises  
|                                      | • link to wider structures, regionally and nationally |
| 4. Bridging structural holes         | Where sets:  
|                                      | • are formed from diverse departments, specialisms, units etc.  
|                                      | • are constructed to bring together groups or organisations that could work better together  
|                                      | • work on problems and questions that involved more than one unit or organisation, which have multiple partners or stakeholders etc. |
| 5. Integrating action learning in the wider context | Relational and structural social capital are much more likely to come about through action learning where:  
|                                      | • emphasis and resources are committed to the setting up and establishment of action learning in the local context  
|                                      | • sets are aware of the wider context in which they are working, including how their departments, organisations and regions work; who and what they need to influence; and how best to do this  
|                                      | • the local pathology system takes a close and supportive interest in what the sets are doing  
|                                      | • the local pathology system or region takes a strategic approach to action learning and links sets into other relevant activities and networks  
|                                      | • all of the above take into account the wider context of national policies and initiatives |

Table 1 draws together these suggested processes of social capital formation via action learning, together with some possible indicators.

Conclusion
There is an assumption, implied in Revans’ writings and those of his followers, that action learning can build both human and social capital. The processes of action learning twin personal development with the pursuit of difficult problems, which require the development of new relationships, networks and skilful social organising. This paper suggests a number of ways in
which action learning may extend well beyond the set and contribute to the development of social capital to enable and facilitate new ways of working in any system.

In the context of Pathology services in the NHS, we do not suggest that the development of social capital via action learning can fully compensate for the difficulties of communication in large bureaucratic healthcare structures characterised by complexity, government legislation and operated via negotiations amongst multiple professions. What we can say is that action learning, constituted and integrated into appropriate contexts, can create the conditions for people to act and learn get across departmental and professional boundaries and, further, that in terms of the protean concept of social capital, this embraces both the extension of human capital and the cognitive social capital favoured by researchers focused on SME owner managers (e.g., Jones et al. 2007, 289) and the more general and cultural capacity of social efficacy favoured by political scientists and social researchers.

Much remains undone. If social capital provides useful ways to consider one problem of current action learning practice, namely the dominance of individualistic, own-job tasks and the lack of connectivity with wider systems, it does nothing to help with the other noted earlier, that is, its colonisation for the purposes of retaining the status quo. Indeed, the integration of sets within wider structures might well work to blunt the cutting edge of action learning. To work with social capital in organizations and networks, we also have need of a critical action learning to keep the edge sharp.

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